Vermont Agency of Human Services (AHS)
Challenges for Change Integrated Family Services
Progress Update - July 23, 2010

The AHS Challenges for Change (C4C) web site will provide quarterly updates on all the C4C work as well as additional information: http://humanservices.vermont.gov/challenges-for-change

Reduction in Hospitalizations, Out-of-Home Placements and Enhanced Family Treatment

An invitation to communities to engage in a statewide re-design of services for families needing moderate to intensive treatment was released on July 8, 2010. The goal is to engage several AHS regions in a redesign of current programs that target the moderate to intensive need population and to focus on earlier intervention. The invitation is currently posted on the AHS Challenges for Change web site.

This re-design will also include the development of common practice and criteria for out-of-home placements across our children's service continuum. Currently representatives from the Department for Children and Families/Family Services, Department of Mental Health and the Department of Disabilities, Aging and Independent Living/Developmental Disability Services are discussing current practices, overlap and differences to create a framework for aligned criteria across departments. Crisis services across the child-serving departments are also being examined to determine the potential benefits of a more uniform response system. Having timely child and family specific response is critical and will be a requirement of any system redesign in addition to the ability to provide both crisis services and hospital diversion locally.

Documentation and Administrative Tasks

Documentation and administrative tasks have been another focused topic of attention for the last few months. An inventory of current oversight activities performed by each department is being developed to allow us to analyze current practices and to identify opportunities to streamline our expectation for our community partners. The inventory will include: the activity, its targeted audience, its purpose, how often the activity takes place and what mandate the activity is in response to. There are also plans to reduce current documentation requirements which should significantly free up providers to allow them to focus more on the delivery of direct services. Within the next few weeks more detailed information will be available.

Repurpose Woodside as Secure Residential

The Woodside Juvenile Rehabilitation Facility has been engaged for the last several years in a practice transformation aimed at enhancing their capacity for treatment for youth in the program. They have targeted curriculum, clinical practice, and staff development and will be addressing physical layout and school accreditation as individual segments of the whole transformation process. The Challenges for Change legislation encouraged the state to maximize the use of Medicaid dollars available for use in the Woodside facility. Repurposing Woodside from a purely detention focus to a treatment based function would allow the use of Medicaid dollars and reinforce the changes inherent in the practice transformation currently underway in the facility.

Woodside staff has explored accreditation through the Commission on Accreditation of Rehabilitation Facilities (CARF) as a necessary step towards designation as a secure, residential medical facility. An aggressive target date of April, 2011 has been set for accreditation of the facility. Woodside has obtained accreditation materials from CARF to review and begin process. The Woodside Director and Clinical Director are reviewing all materials to begin a self assessment process. DCF leadership will initiate a conversation with the judiciary and the legislature to weigh the pros and cons of any potential change at the Woodside facility.

Reductions in Psychotropic Medication Use

The work of the Agency to reduce the overall use of psychotropic medications and to ensure the appropriate use of any psychotropic medications continues to move forward. A planning meeting was held on June 29, 2010 with representatives from the University of Vermont (UVM), the Department of Vermont Health Access (DVHA), the Agency of Human Services (AHS), Banking, Insurance, Securities, and Healthcare Administration (BISCHA) and the Department of Mental Health (DMH). A review of recent legislative reports on the use of psychotropic medications was assigned jointly to several AHS Departments and to UVM. DVHA will run data on several specific prescribing questions and bring that information and any relevant trend data to a follow up meeting to determine if UVM can target best practice interventions to specific providers or types of medication use. Membership on the committee was expanded to include Alcohol and Drug Abuse Programs (ADAP) and additional UVM reps.

Integrated Intake and Program Operation Between DAIL and VDH Programs for Children

A name has been established for this initiative - *Children's Health and Support Services*. Staff are examining and comparing assessment tools from 3 other states in order to determine if an already existing tool would be beneficial in this re-design. Of prime interest is an on-line screening tool used in Wisconsin for a range of services which seem to compare well with the services encompassed in the wider IFS initiative. An inventory of internal, provider staff and financial resources statewide has been completed. The identified programs for this re-design are developing a common understanding and definition of case management and care coordination that will be part of the larger discussion regarding the case management/care coordination topic. Most recently, the group reviewed a case history which tracked a child from an out-of-state rehabilitation center through a number of contacts with AHS program staff, leading to his return to his home in Vermont. Most salient was the need for a common database to ensure that staffs across different programs are able to maintain communications and to eliminate redundant contacts and non-productive activities.

Children's Integrated Services: ages 0-6

In order to enhance services to children and families and improve efficiencies in service delivery, the Child Development Division (CDD) plans to fully integrate all CIS services in each particular AHS region. A key step in this process will be to allocate all CIS funding to one fiscal agent per region, who will ensure the provision of all CIS services. These services include: Early Intervention, Nursing and Family Support, Early Childhood and Family Mental Health, and Specialized Child Care. All regions have been working toward this goal, and all have made significant progress. Our goal is to achieve statewide implementation in FY12 through a process of phasing in regions as they are ready to move forward.

The Challenges for Change Legislation mandated a staggered implementing of full integration and asked us to identify three regions for this year. CDD developed an objective application and review process to identify the regions most able to move forward by our November 1 target start date. We were delighted to receive six excellent applications, from the following regions:

Lamoille (Lamoille Family Center)

Franklin/Grand Isle (NCSS)
Brattleboro (Winston Prouty Center)
Addison (Addison County PCC)
Bennington (Sunrise Family Center)
Rutland (Rutland Area VNA)

Of those regions, the three selected to be Phase 1 regions were:

Lamoille (Lamoille Family Center)
Franklin/Grand Isle (NCSS)
Rutland (Rutland Area VNA)

The remaining three original applicants will be our Phase 2 regions, with an anticipated start date of March, 2011 (pending legislative approval).

The state CIS team will work with both the Phase 1 and Phase 2 regions as we resolve remaining programmatic and financial issues

Progress on Implementation of the IFS Workgroups:

Workgroup One: Intake, Screening and Assessment and

Workgroup Two: Care Coordination

Early in the development of the IFS Initiative, we identified two significant areas for assessment, review and potential restructuring: intake, screening and assessment, essentially our front door services, and care coordination. Both of these areas are critical to an integrated and holistic approach to services and they are currently offered in distinct and unique ways in each area of children's services. We committed to the formation of workgroups to review and assess each of these areas with the intention of forming recommendations for best practice across disciplines and across regions.

Although the topic areas remain primary to the work that must be done to integrate children and family services across the Agency, these two workgroups have not begun to meet. Workgroup 1, Intake, Screening and Assessment, has engaged UVM to inventory and survey all providers statewide, including education, to produce a better understanding about how intake happens and which tools are being used across all disciplines. Once that is complete we intend to bring workgroup members together to review the information and determine next steps.

Workgroup 2, Care Coordination, is targeted to begin meeting as soon as the administrative streamlining and EFT redesign efforts are well underway. This delayed start is designed to ensure that the conversation about care coordination is merged with new thinking about service provision and how best to document, bill and track redesigned service delivery model.